

AZTREONAM PA SUMMARY

PREFERRED	Azactam Injection (brand)
NON-PREFERRED	Aztreonam Injection (generic)

LENGTH OF AUTHORIZATION: 1 Month

NOTE: *If medication is being administered in a physician's office then it must be billed through the DCH physician's injectable program and not the outpatient pharmacy program. Information regarding the physician's injectable program can be located at www.mmis.georgia.gov.*

PA CRITERIA:

- ❖ Approvable if administered in a member's home by home health service or in a long-term care facility.
- ❖ If generic aztreonam is being requested, physician should submit a written letter of medical necessity stating the reason(s) the preferred product, brand-name Azactam, is not appropriate for the member.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **SXC Health Solutions at 1-866-525-5827**.

PA and APPEAL PROCESS:

- ❖ For online access to the PA process please go to www.mmis.georgia.gov/portal, highlight the pharmacy link on the top right side of the page, and click on "prior approval process".

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limit please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.